

Name
in
Full

Barbara Camp

CERTIFICATE OF DEATH

MARYLAND

Died at *Keyser* Town *Barret* County *X*

Date of death 190*9* Month *April* Day *15th* Age *64* Years Months *11* Days *24*

Sex *Female* Color or Race *White* Birth-place *Somerset Co Pa*

Occupation *Farmers wife* Where Residing if not at place of death *Keyser*

Married, Single or Widowed *Widow* Name of Wife or Husband *Bar Camp*

Father's Name *Jacob Wocket* Father's Birthplace *Somerset Co Pa*

Mother's Maiden Name *Sally Livingston* Mother's Birthplace *Somerset Co Pa*

Name of person giving Information *Hilton Camp* How related to deceased *Son*

CAUSES OF DEATH

120

Primary *Bright's disease* How long *10 yrs*

Immediate *Heart failure* How long *10 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

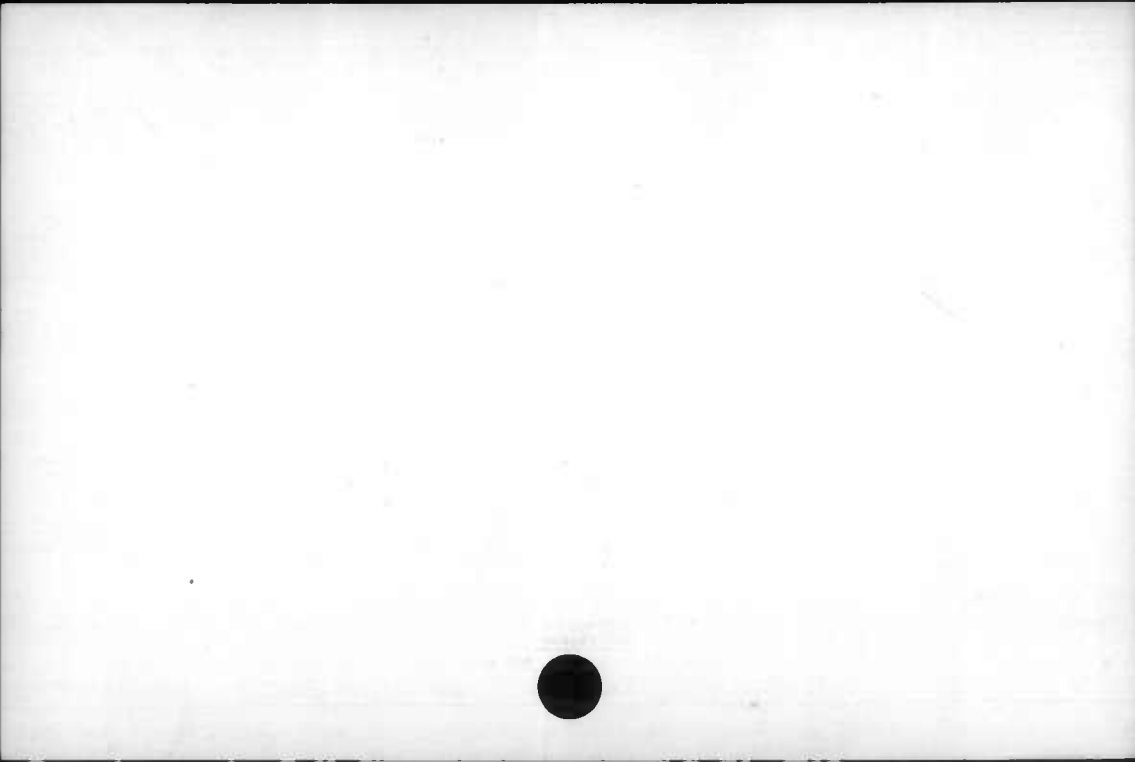
Address

J. B. Londerbaugh M.D.
Addison Pa

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at		Town <i>Hoyes</i>		County <i>Barrett</i>			
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	19	74		1	20
Sex		Color or Race		Birth-place			
male		White		Maryland			
Occupation				Where Residing if not at place of death			
Farmer & m. Preacher							
Married, Single or Widowed		Name of Wife or Husband					
married		Pancy Ferguson					
Father's Name		Robert Ferguson				Father's Birthplace	
						Ireland	
Mother's Maiden Name		Fannie Little				Mother's Birthplace	
Name of person giving information				Josephus Ferguson		How related to deceased	
						son	

CAUSES OF DEATH

(66)

Primary		How long	
Paralysis		5 yrs	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. J. Mason M.D.	
		Address	
		722 W. 11th St.	
		Ind	
Accident or Suicide?			

Hoyes cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

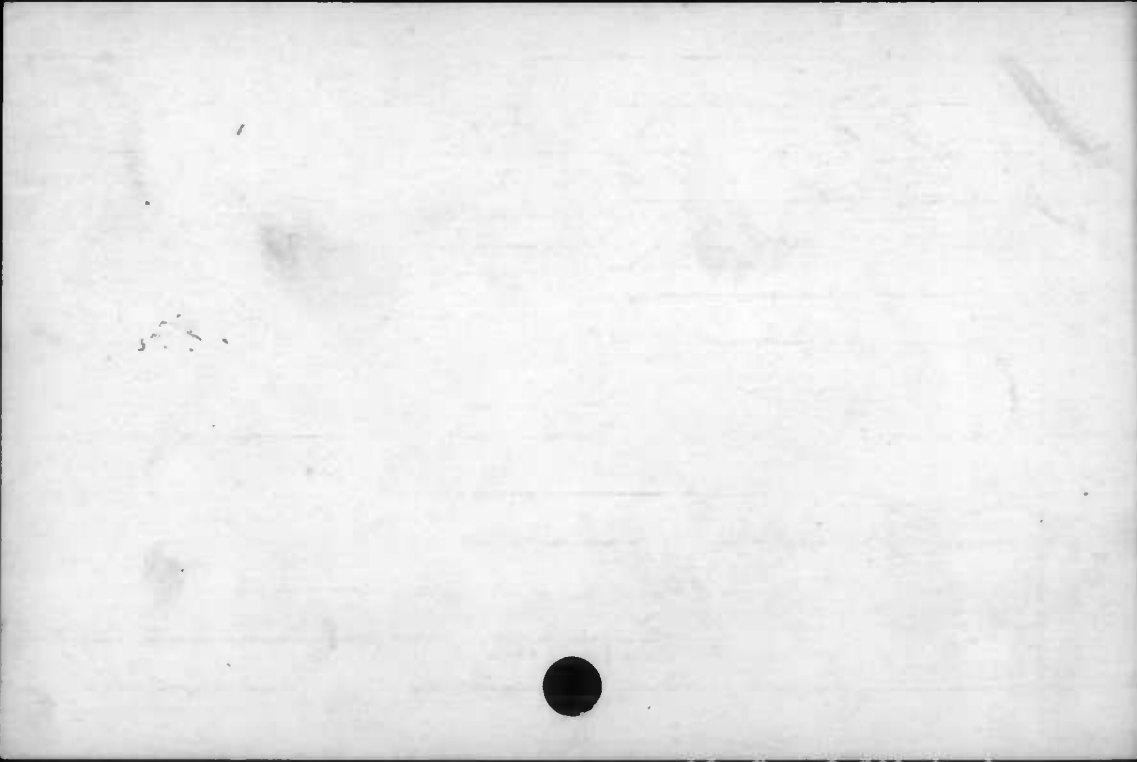
MARYLAND

Name *John W. Friend*
Died at *Swanton* TownCounty *Gorrie*Date of death *1909* Month *April* Day *2* Age *68* Years Months *—* Days *—*Sex *male* Color or Race *white* Birth-place *—*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Fry*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *JW Green* How related to deceased *Not a relative*

CAUSES OF DEATH

40

Primary *Carcinoma of Stomach* How long *2 years*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *M. C. [unclear]*Address *Dorland Md*Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

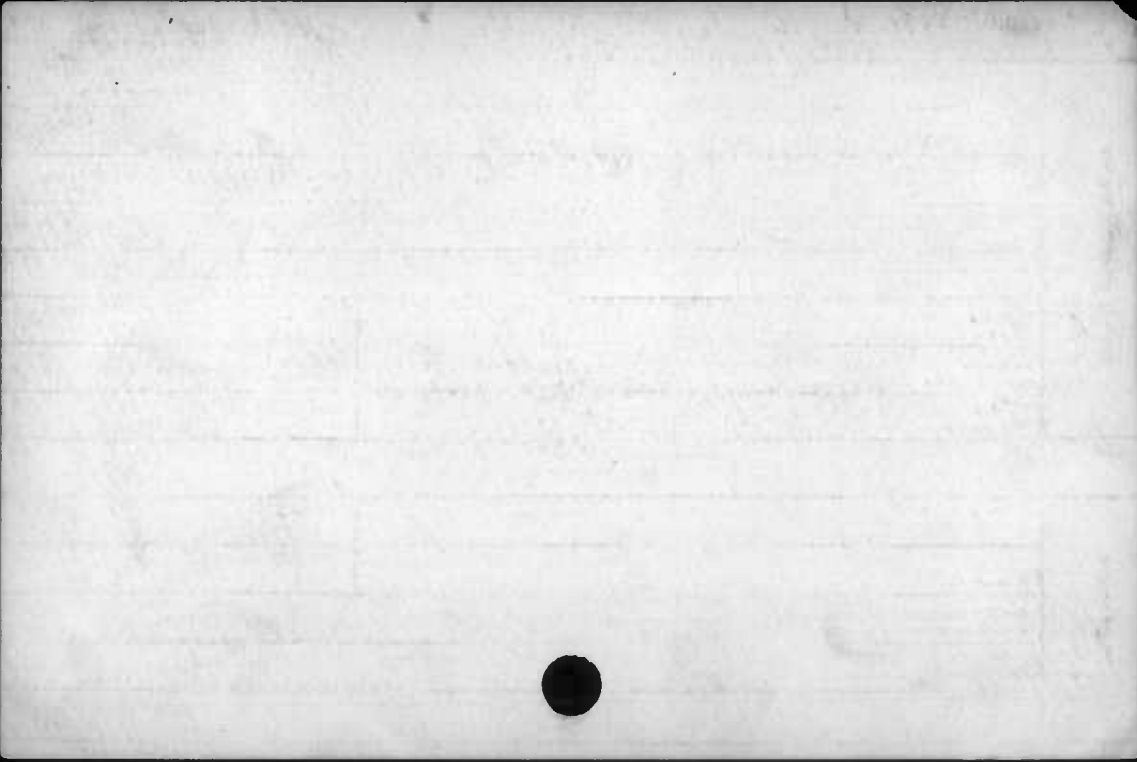
Name <i>Sampson Harvey</i>		County <i>X</i>		State <i>Ind</i> MARYLAND	
Died at <i>Shaw</i> Town		<i>Barratt</i> County			
Date of death <i>1909</i>	Month <i>April</i>	Day <i>5</i>	Years <i>71</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Mineral Co. W. Va.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Shaw</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rachel</i>				
Father's Name <i>Samuel Harvey</i>	Father's Birthplace <i>W. Va.</i>				
Mother's Maiden Name <i>Shellingburg</i>	Mother's Birthplace <i>W. Va.</i>				
Name of person giving information <i>Reese Harvey</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Antir. regurgitation</i>	How long <i>3 months</i>
Immediate <i>Heart failure</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Bohland</i>
	Address <i>Blair</i>
Accident or Suicide?	<i>W. Va.</i>



Name in Full James Nelson Hayden		Town MT Lake Park		County Gorrett		CERTIFICATE OF DEATH	
Died at MT Lake Park						MARYLAND	
Date of death 1909		Month April		Day 24		Age Years	
Sex male		Color or Race white		Birth-place MT Lake Park		Months 1	
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name Lee Hayden		Father's Birthplace 					
Mother's Maiden Name 		Mother's Birthplace 					
Name of person giving information Lee Hayden		How related to deceased father					
		CAUSES OF DEATH					
Primary 		How long 93					
Immediate Pneumonia		How long 8 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. C. Newelburg		Address Dorland			
Accident or Suicide? 							



Name
in
Full

James H. Jarboe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

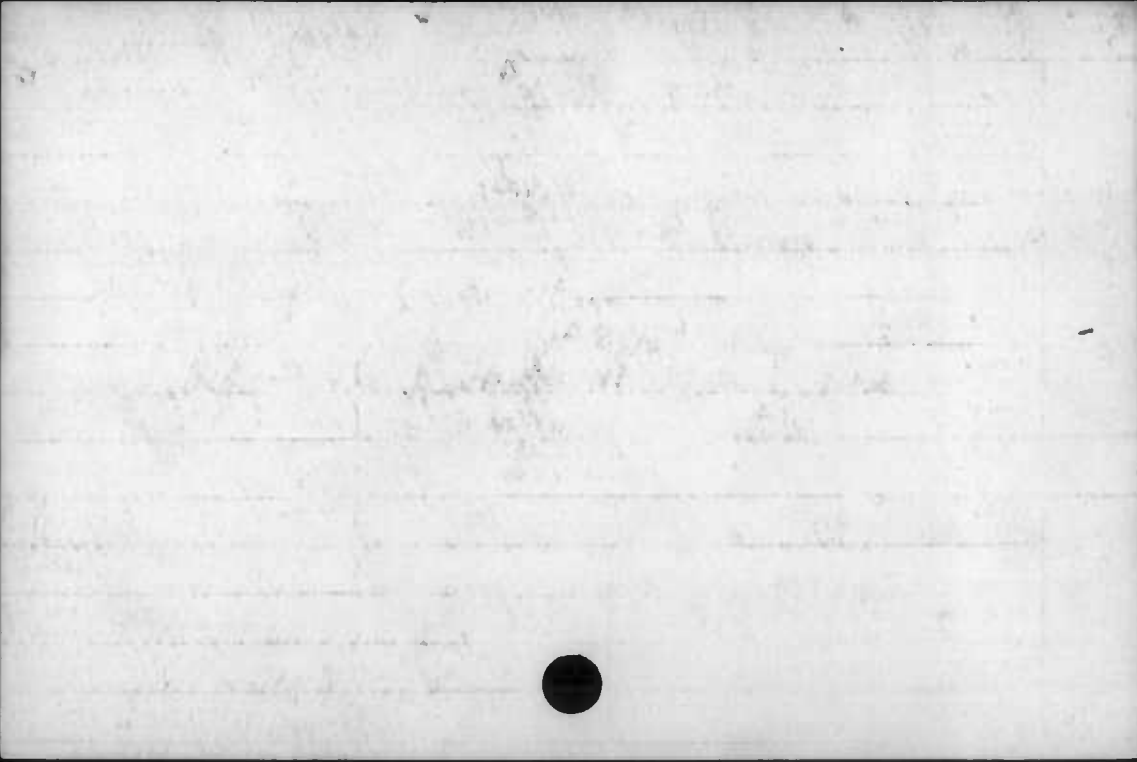
Died at <i>Mt. Lake</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>15th</i>	Age <i>82</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harper's Ferry</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>+ + +</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia A. Jarboe</i>			
Father's Name <i>Noratis Jarboe</i>		Father's Birthplace			
Mother's Maiden Name <i>Alethia Ridenbaugh</i>		Mother's Birthplace			
Name of person giving information <i>Julia A. Jarboe</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Disease of Artery</i>	How long <i>✓</i>
Immediate <i>Apoplexy</i>	How long <i>about one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. McComas</i>
	Address <i>Oakland Md</i>
Accident or Suicide? <i>+</i>	



Name
in
Full

Permelia Hiedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

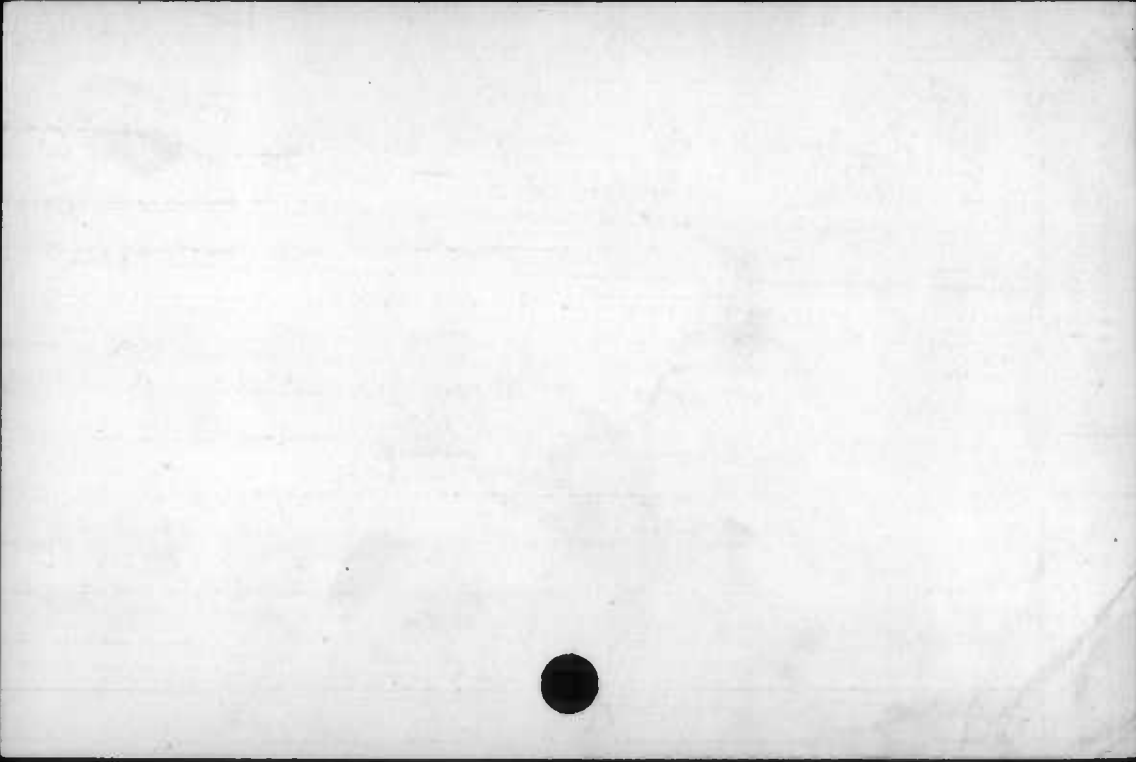
Died at <u>Stager</u> Town		<u>Garrett</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>17</u>	Age <u>56</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Nursekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>B F Hiedel</u>				
Father's Name <u>Geo Stager</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Permelia Stager</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Chas Hiedel</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <u>Cancer External Genital</u>	How long <u>3 Month</u>
Immediate <u>Organ</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr Drinkwater</u>
	Address <u>Garman</u>
	<u>W2a</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

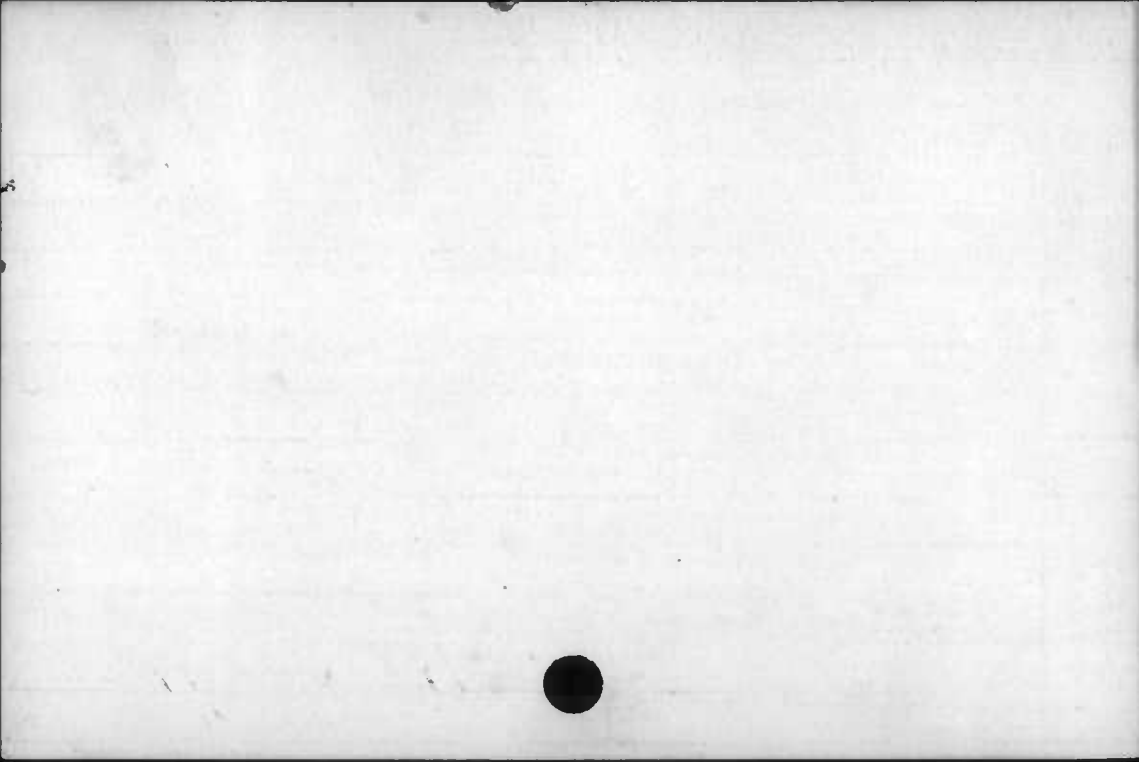
Name in Full <i>Minnie Foster King</i>		Town <i>Threlk</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Died at <i>Threlk</i>		Month <i>Apr</i>		Day <i>20</i>		Years <i>—</i>	
Date of death <i>1904</i>		Month <i>Apr</i>		Day <i>20</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Threlk</i>		Months <i>8</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>14</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Rud King</i>		Father's Birthplace <i>Garrett co</i>	
Mother's Maiden Name <i>Jenny White</i>		Name of person giving information <i>John Hurvey</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>—</i>
Immediate <i>heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. P. Bohland</i>
	Address <i>Kitzmiller Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Wm. H. Lowdermilk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Sang Run		Garrett					
Date of death	1909	Month	Apr	Day	6	Age	53
						Months	10
						Days	14
Sex	male		Color or Race	White		Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Maggie. H. Lowdermilk			
Father's Name	John. P. Lowdermilk					Father's Birthplace	Ind.
Mother's Maiden Name	Elisabeth Tearer					Mother's Birthplace	Ind.
Name of person giving information	Maggie. H. Lowdermilk					How related to deceased	Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	
Immediate	Heart failure		How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	A. J. Mason, M.D.
			Address	Foremanville Ind.
Accident or Suicide?				

Sang Run

Name
in
FullM^c Cabr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

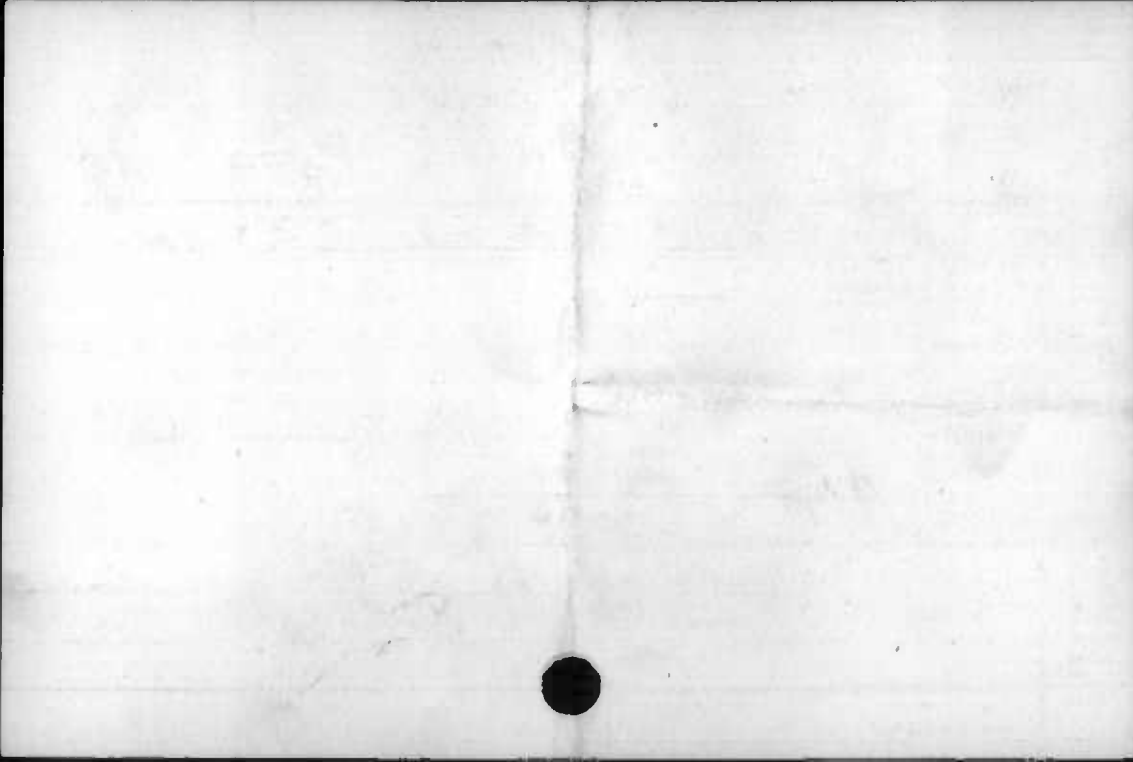
Died at <i>near Crellin</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1909 Apr 12</i>		Month <i>Apr</i>		Day <i>12</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Months <i>5</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Henry M^c Cabr</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lillie Glover</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Henry M^c Cabr</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebro-spinal meningitis</i>		How long <i>3 weeks</i>	
Immediate <i>Convulsions</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Legg</i>	
		Address <i>Garrett md</i>	
Accident or Suicide?			



Name
in
Full

Isaac E. Meyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rush</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Apr</i>	Day	<i>3</i>
Age		<i>3</i>	Years	<i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	<i>Maryland</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Hatter G. Meyers</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lillian S. Sewitt</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Hatter G Meyers</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Lagrippe</i>	How long	<i>2 wks</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Ineson Md</i>	
		Address <i>Frederickville Md</i>	
Accident or Suicide? <i></i>			

Blooming Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>White Rock</u>		County <u>Garrett</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>13</u>	Age <u>—</u>	Months <u>8</u>	Days <u>6</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Clay Teats</u>				Father's Birthplace <u>W. Va</u>	
Mother's Maiden Name <u>Hannah Eastel</u>				Mother's Birthplace <u>W. Va</u>	
Name of person giving information <u>Dolphie Lines</u>				How related to deceased <u>172</u>	

CAUSES OF DEATH

They had no

PHYSICIAN
OR CORONER

Primary	Doctor don't know disease	How long	a few days
Immediate	The people are poor and live away back in the mountains	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Accident or Suicide?			

Web Chapel cemetery

Name
in
Full

Charles Van Sickle X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Sand Town Spring		County Garrett		MARYLAND					
Date of death	1909	Month	Apr	Day	25	Age	Years 16	Months 9	Days 11
Sex	male	Color or Race	white	Birth-place	Maryland				
Occupation	Farmer			Where Residing if not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband					
Father's Name	Samuel Van Sickle				Father's Birthplace		md		
Mother's Maiden Name	Ella Lettrich				Mother's Birthplace		md		
Name of person giving information	Ella Van Sickle				How related to deceased		mother		

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Inflammatory Pneumonia	How long	2 wks
Immediate	Carditis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. J. Mason, M.D.
		Address	Friendville, Ind.
Accident or Suicide?			

Sand Spring cemetery